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CONFIRMATION NO. 8539

<b>SERIAL NUMBER</b> 09/637,923	<b>FILING or 371(c) DATE</b> 08/14/2000 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b> 13406-017USD1	
<b>APPLICANTS</b> Robert Bruce Spertell, Northridge, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 08/904,175 07/31/1997 PAT 6,104,959 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/21/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DANIEL LEON ROBINSON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> Miramar Labs, Inc. c/o Downs Rachlin Martin PLLC 199 Main Street PO Box 190 Burlington, VT 05402-0190 UNITED STATES					
<b>TITLE</b> METHOD AND APPARATUS FOR TREATING SUBCUTANEOUS HISTOLOGICAL FEATURES					
<b>FILING FEE RECEIVED</b> 849	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		